	PATI	ENT	CAPPLICA Eff	N FEE e Dec	TION REC	COR	D	1	10/785-417								
		2-25-04 CLAIMS A				D - PART		olumn 2)	-	SMAI TYPE		ENTITY			OTH	OTHER TH.	
TOTAL CLAIMS 19										RATE		FEE		1		RATE -F	
Æ	FOR · · · ·				NUMBER FILED			NUMBER EXTRA		BASIC FE		150.00		OR BASIC			0.00
╟	TOTAL CHARGEABLE CLAIMS				19 minus 20=			0	X\$ 25				OR		X\$50	, ,	0
INDEPENDENT CLAIMS					. minus 3 =			0	X100:		)=			OR	X200-		)
MULTIPLE DEPENDENT CLAIM PR				MPRE	RESENT						+	<del>                                     </del>					
•	* If the difference in column 1 is less than zero, enter *0* in column 2										+180=			OR	+360=	10	)
			TOTA	L			OR	TOTAL	990	0.0							
		CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3  CLAIMS HIGHEST								SMAL	LEN	ПΥ	, (	)R		R THAI ENTIT	
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Ş	Total		. 19	Mi	nus		17	-	1 1	X\$ 25			٦,		X\$50=	1	7
AME	Independe			Minus			3	= .		X100=	╁			R	X200=	-	4
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Т		┰	Column 1)		<u>-</u> -			•						1			
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th.	e entry in cohe		80=		Jo	R	+36	50= <u> </u>									
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